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Application Number	10/772,040
Filing Date	February 4, 2004
First Named Inventor	RICUX, Robert
Title	Ablation Probe for Delivering Fluid Through Porous...
Art Unit	3739
Examiner Name	PEFFLEY, Michael F.
Attorney Docket Number	37200-RA1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

BOVIE MEDICAL CORPORATION

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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